

03/22/12

TO: ALL POTENTIAL BIDDERS

FROM: H. Ryan Bolles
DSCYF – Contract Administrator

SUBJECT: ADDENDUM TO REQUEST FOR PROPOSALS (RFP) – CYF12-03 Community Services: IOP, Day, Part-Day and Behavioral Intervention formerly “Wrap” services

ADDENDUM #1

The following questions are being answered to add clarity for all potential bidders:

QUESTION: What is the State’s identified unit cost for Behavioral Intervention Services?

ANSWER: The rates of reimbursement for the current service as it exists in our service continuum today are as follows:

Substance Abuse Wrap – \$30.60 Individual; \$15.30 per client (multi-family group and client group)

Mental Health Wrap - \$30.60 Individual; \$15.30 per client (multi-family group and client group); Wrap needed for ASL \$45.90

QUESTION: While the State has identified the unit cost for each service to be paid to successful bidders will the State consider discussing other unit cost proposed by bidders if justified?

ANSWER: All bidders shall respond to the RFP recognizing the State has identified the unit costs it intends to pay for specified services in order to be responsive to the RFP as written. However, bidders are free to advocate for adjustments in those unit costs including justification which the Department may consider during contract negotiations.

QUESTION: Page 24 of the RFP refers to data from 2004. Is this a typo?

ANSWER: This is a typo. For all references to bidder data please use the most recent 12-month data you have available.

QUESTION: In the Behavioral Intervention section of the RFP what is the different between the terms “Behavioral Interventionist” and “Therapeutic Mentor”?

ANSWER: These are interchangeable terms. We apologize for any confusion.

QUESTION: Page 25 makes requires data on any employee suspended from employment or fired?

ANSWER: Please only submit data on current employees for the past 12 months.

QUESTION: Can you specify the staff training requirements for different types of staff?

ANSWER: All training requirements for the specific levels of care can be found in our Provider Manual.

QUESTION: We are interested in bidding on multiple services in multiple counties. Is it necessary to submit separate proposals for each county and/or each service or can they be combined into one proposal?

ANSWER: You can submit one proposal as long as the service and service area are clearly stated.

QUESTION: We operate on a July – June fiscal year. Are we restricted to calendar year 2010 funding and service data for our response?

ANSWER: No, use the data for the most recent 12-month period which is consistent with your accounting practices.

QUESTION: Is the data requested on the sources of funding document (page 22) of the RFP for our entire agency and all of its many programs?

ANSWER: Agencies can include information as they feel pertains to a complete response that best answers or responds to the stated question.

QUESTION: Is it DSCYF's expectation that there are 2 separate day programs? One for MH and one for SA, or is it up to the agency's discretion.

ANSWER: It is up to the agency's discretion. We have a need for both mental health and substance abuse, and certainly would be interested in agencies that are co-occurring for mental health and substance abuse.

QUESTION: In structure 1 under the IOP program it states the dyad has a cap of 8. Is this for clinician and para-professional or just para-professional? In other words, can the MH clinician work with two separate teams of 8?

ANSWER: Those were just examples of our current models. It is up to the agency to propose what they feel would be a comprehensive proposal with the clinical model in place as they see fit, and in accordance to industry standards.

Questions: The most recent outcome data available to us is not for the same period specified in the RFP. What are our options?

Answer: Please use the most recent 12-month data set you have available to you.

QUESTION: What are the education standards for the Day Treatment services?

ANSWER: DSCYF currently addresses the educational requirements of these programs with the following current contract language:

J. Day Treatment Contractors

1. Some youth are placed (out of medical necessity or for legal reasons) in programs which inhibit or interfere with participation and attendance at the current school. In such cases the CONTRACTOR is responsible for ensuring that the youth continue to be educated at the appropriate level. To meet this need, CONTRACTORS must ensure compliance with the following processes:
 - a. Prior to enrollment CONTRACTOR will obtain written consent from parent or legal guardian to obtain records and maintain communication with the sending district.
 - b. Within three business days of admission to the day treatment program, CONTRACTOR will contact home school to determine current standing with the school (e.g. enrolled attending; enrolled not attending; officially withdrawn.). Written confirmation of status will be obtained. If youth is attending school, CONTRACTOR will obtain course schedule, level of credits and current grades.
 - c. Within five business days CONTRACTOR will establish a written agreement with the sending school for "Homebound" instruction to be provided by the school district or the CONTRACTOR.
 - d. At the close of each week and at the conclusion of each month, written documentation will be provided by the CONTRACTOR to the school district regarding student's participation and assignment completion during "homebound" instruction. This will include documented length of services per day/week and monthly. Course grades and/

or actual assignments will be provided to the sending school at the close of each week and month.

- e. The services provided are in accordance with the student's
 - i. Grade Level
 - ii. Educational services are provided in accordance with student's educational status as either a General or Special Education Student
 - iii. Parent/Guardian Permission(s)
- f. Students not participating in "homebound" instruction or pursuing a GED must be 16 years or older, have written consent by parent or legal guardian, AND be officially withdrawn from school. CONTRACTORS may receive written notification from the sending district that the youth has legally withdrawn from school. Parents and youth who are identified as needing special education services should receive the special education procedural safeguards prior to making this decision. Such decisions must be evidenced by written notification and parental signatures. (Contractors will receive training from DSCYF to ensure appropriate understanding of this requirement)

2. Student Records File Folder

CONTRACTOR will maintain educational files in a separate, secure (locked) location. Educational files shall include the following documents:

Section I-

- 1.) Signed release of information for educational records and on- going communication
- 2.) Student Records Request form
- 3.) Record Review/Inspection Form
- 4.) Written "Homebound" instruction agreement
- 5.) Telephone/Mail Contact Log Form
 - a. Weekly/Monthly contact between Agency Teacher and School district
 - b. Assignment log with due dates
- 6.) Medical Alerts
- 7.) Official withdrawal from school notification, if applicable

Section II- Special Education Students only

- 1.) Evaluation Report/Eligibility
- 2.) IEP/Section 504 Accommodation Form
- 3.) Teacher IEP Review Form

Section III-

- 1.) Student Progress reports
 - a. Attendance
 - b. Grades
 - c. Assignments Progress
 - d. Effort
- 2.) Home School District Transcripts/Report Cards

- K. DSCYF Education Unit Support- DSCYF acknowledges the arduous task of educating youth needing such services. The student population is transient and most youth participating in these programs have scattered school histories. As such the DEPARTMENT'S education unit will provide the following supports:

- 1.) Annual training and update of the most current regulations and guidelines found in Individual with Disabilities Education Act (IDEA) for CONTRACTOR education employees.
- 2.) Model forms and processes
- 3.) Focus review of each agency school site two times per year
- 4.) Additional support(s) upon request in the areas of :
 - a. Academic Instruction
 - b. IDEA – State and Federal regulations
 - c. Technical Assistance

QUESTION: Are education services reimbursable and who would provide reimbursement for day treatment services?

ANSWER: DSCYF will work with all successful bidders and DSCYF's education unit to clearly identify the rates of reimbursement as stipulated by the Department of Education for the homebound instruction model.

QUESTION: What are the requirements for psychiatry? Are there specific requirements for psychiatric advanced practice registered nurses? Does it need to be a child psychiatrist or can a general psychiatrist provide services?

ANSWER: For psychiatric treatment, it is expected that the contractor will provide medication evaluation and monitoring by a psychiatrist or psychiatric nurse practitioner for any client requiring this service on an as needed basis. The contractor will assure that all treatment plans which include medication as part of the treatment to be provided will be reviewed and signed by the treating physician/psychiatrist/nurse practitioner. While there are no specific requirements outlined in the DPBHS Provider Manual or contract documentation, it is expected if the agency works with psychiatric APRNs, the appropriate amount of supervision should be provided as APRNs are expected to be supervised by psychiatrists that are in compliance with industry standards. As such, documentation of that supervision would need to be maintained and available for review upon request. Additionally, psychiatry must be available in emergent situations where and when appropriate. Youth 13 and over can be seen by a general psychiatrist, whereas youth under the age of 13 specifically need to be seen by a child psychiatrist.

QUESTION: If a proposal included a model providing day treatment based out of a school, how would administrative functions within DPBHS differ, if they differ at all (i.e., intake process, assessment, referral, and other standard business and administrative practices)?

ANSWER: As shared during the bidders' conference, DSCYF encourages bidders to think collaboratively and creatively to potentially provide different options for the ever-changing and increasingly complex youth we are serving within our service continuum. Leadership and administrators within DPBHS are open to discussing various approaches if the agency is awarded the contract as a result of the bid response, and through contract negotiations will identify the administrative expectations at that time.

QUESTION: Is there a standard caseload size for a behavioral interventionist working 10 or fewer hours?

ANSWER: As mentioned during the bidders' conference, we want to hear about the agency's approach to the level of care they are responding to.

QUESTION: Why does the specialized DD IOP program require a licensed therapist and a bachelor's degree for paraprofessionals, if the supervisor is licensed with DD experience (and the therapist has no experience)?

ANSWER: Because of the specialized population, this is why the current contract requires this level of education and experience. If agencies would like to propose an alternative model, they may do so with documented explanation for the proposed model.

QUESTION: What is the caseload size for a 2-team regular IOP caseload (8)? Can part-time or fee for service/hourly clinicians and IOP paraprofessionals be used in a staffing plan if a provider wishes to serve 10 or 12?

ANSWER: DPBHS would like to move away from the current models so that agencies can answer or respond to the bid more openly and freely. Those that were provided in the RFP were examples of our current teams. As mentioned in the RFP, responders can propose different structures. It is up to the agency responding to the RFP to propose what they will implement or have in place already in terms of staffing.

QUESTION: Was the data provided (page 14) cumulative for the 5 fiscal year period?

ANSWER: The data provided is an annual average of the 5 fiscal year period.

QUESTION: Will there be more than one winner for each service bid?

ANSWER: Upon review of the proposals, the review panel will select the qualified agencies that would best meet the needs of the youth that enter services. DSCYF may award one or more contracts for each services.

QUESTION: Who are the current service providers in each county that are currently providing services for this target population?

ANSWER: The providers that currently provide IOP MH services are: Catholic Charities, Child Guidance Resource Centers, Delaware Guidance Services, New Behavioral Network and Terry Center. They have multiple site locations and coverage throughout the state. For IOP SA services, the current providers are Aquila and Psychotherapeutic Services.

QUESTION: Can PBH children/adolescents be mixed with other private payor clients/patients in a single program?

ANSWER: There is nothing documenting the prohibition of this currently. Certainly if there are safety issues from the other population, the clinical service treatment teams would address specific concerns with the agencies.

QUESTION: Do school hours count as direct service (indicated as 5 hours in the Day Treatment section of the RFP)?

ANSWER: Yes, school hours count towards direct service hours.

QUESTION: Will DSCYF post the sign-in sheets of those in attendance of the bidders' conference?

ANSWER: Yes, they should now be posted.

QUESTION: Can DSCYF make the necessary RFP forms available in MS Word?

ANSWER: Yes, they should not be posted.

All other terms and conditions remain the same.

If you have any questions, please contact H. Ryan Bolles at 302-633-2701 or herbert.bolles@state.de.us